

RETIREE GROUP MONTHLY PREMIUMS

- Medicare Eligible Retiree Premiums:
Effective January 1, 2002 through December 31, 2002
- Non-Medicare Eligible Premiums:
Effective July 1, 2002 through June 30, 2003

RETIREE GROUP MONTHLY PREMIUMS

MEDICARE-ELIGIBLE PLANS *(Effective January 1 - December 31, 2002)*

	ONE PERSON	TWO PERSONS*
<i>Advantage 65</i>	\$209	\$418
<i>Advantage 65 + Dental/Vision</i>	\$236	\$472
<i>Drug Only</i>	\$106	\$212
<i>Drug Only + Dental/Vision</i>	\$133	\$266
<i>Dental/Vision Only</i>	\$27	\$54
NOT AVAILABLE TO NEW ENROLLEES		
<i>Option I - Medicare Complementary</i>	\$165	\$330
<i>Option II - Medicare Supplemental</i>	\$250	\$500
<i>Option II + Dental/Vision</i>	\$277	\$554

*Two persons may choose the same plan or different Medicare-eligible plans; the total premium is the sum of each selection.

NON-MEDICARE PLANS *(Effective July 1, 2002 - June 30, 2003)*

STATEWIDE PLANS:	ONE PERSON	TWO PERSONS	THREE OR MORE PERSONS
<i>Key Advantage</i>	\$295	\$546	\$797**
<i>Key Advantage with Expanded Benefits</i>	\$307	\$568	\$829**
<i>Cost Alliance</i>	\$544	\$544	\$544**
<i>Cost Alliance with Dental</i>	\$565	\$583	\$601**
REGIONAL PLANS:			
<i>Aetna HMO</i>	\$271	\$501	\$732
<i>Aetna POS</i>	\$298	\$551	\$805
<i>Kaiser Permanente HMO</i>	\$260	\$481	\$702
<i>Piedmont Community HMO-POS</i>	\$266	\$492	\$718

** See "Combination Medicare and Non-Medicare Coverage" section.

Important: Timely payment of the total premium is the State retiree's responsibility whether the premium is withheld from a retirement benefit or billed directly by the health plan. Failure to pay premiums within 31 days of the due date will result in termination of coverage.

COMBINATION MEDICARE AND NON-MEDICARE COVERAGE

When persons require combined Medicare and Non-Medicare coverage, the following worksheet will help you calculate your total monthly premium.

- **For 2 persons**, select one Medicare-eligible plan and one Non-Medicare plan. The total premium is the sum of each plan selected.

\$ _____ + \$ _____ = \$ _____
Medicare-eligible plan + Non-Medicare plan = Total premium

- **When 3 or more persons** require combined Medicare and Non-Medicare coverage, you have two choices:

Choose from the Non-Medicare plans noted by (**) = \$ _____
Total premium

OR

Select a combination of Medicare and Non-Medicare plans. Keep in mind that the regional plans do not cover Medicare-eligible persons.

\$ _____ + \$ _____ = \$ _____
Medicare-eligible plan + Non-Medicare plan = Total premium

You may want to save this calculation and compare it to the amount you pay for your first premium at the new level. If you need assistance, please address your questions to the appropriate contact from the chart below.

QUESTIONS ABOUT YOUR PREMIUM?

RETIREE CATEGORY:	ADDRESS QUESTIONS TO:
<i>New Retiree, New Survivor of a State Employee or New VSDP/LTD Participant</i>	Your Agency Benefits Administrator
<i>Current VRS Retiree, Survivor or VSDP/LTD Participant</i>	Virginia Retirement System (VRS) at (804) 649-8059 in Richmond or toll free at 1-888-827-3847 outside Richmond
<i>All Other Retirees or Survivors (Optional Retirement Plan, Local Retirees, etc.)</i>	Your Former Agency Benefits Administrator

